ISSUE SLIP STAPLE AREA (for additional cross references) POSITION INITIALS ID NO. DATE **FEE DETERMINATION** 10-16-00 O.I.P.E. CLASSIFIER **FORMALITY REVIEW RESPONSE FORMALITY REVIEW INDEX OF CLAIMS** Rejected Non-elected Allowed Interference (Through numeral)... Canceled Objected Restricted Claim Claim Date Date Claim Date Final 9 Original Final Original

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Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here

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